

**LUNG CENTER OF THE PHILIPPINES**  
Quezon Avenue, Quezon City

APPENDIX a-2

**PURCHASE ORDER**

DOH-005

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Supplier: DYNAMED HEALTHCARE INC. P.O. No.: 23938  
 Address: 3RD FLR. METROFOCUS BLDG., 42 TOMAS MORATO AVENUE, QUEZON CITY Date: 01/20/2021  
 E-mail Address: \_\_\_\_\_ Mode of Procurement: DIRECT CONTRACTING  
 Telephone No: 243-7916 PURPOSE: \_\_\_\_\_  
 TIN: \_\_\_\_\_ FOR MICU USE

Gentlemen:  
 Please furnish this office the following articles subject to the terms and conditions contained herein:  
 LUNG CENTER OF THE PHILIPPINES 2-7 DAYS  
 Place of Delivery: ++ Delivery Term: 30 DAYS TERM  
 Date of Delivery: \_\_\_\_\_ Payment Term: \_\_\_\_\_

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
PAIR	STANDARD CALF GARMENT UNIFORM	30	2,075.00	62,250.00
*****NOTHING FOLLOWS*****				62,250.00
		TOTAL :	PHP	62,250.00

Total Amount in Words: SIXTY TWO THOUSAND TWO HUNDRED FIFTY and 00/100 Only

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for everyday of delay shall be imposed for the undelivered portion.

Conforme: *[Signature]* Very truly yours,  
DESTINE CANDIATO SULLIAN SY-NAVAL, MD  
 Signature over printed name of Supplier DIRECTOR / OFFICER - IN - CHARGE  
 Date: 1/27/21

Funds Available: \_\_\_\_\_ ALOBS No.: 001 2020 0446-76-01-79  
 Amount: 62,250.00

Posted 2/24/2021



**LUNG CENTER OF THE PHILIPPINES**  
 Quezon Avenue Extension, Quezon City, Philippines 1100  
 ISO 9001:2015 CERTIFIED

**NOTICE OF AWARD**

**January 19, 2021**

**DYNAMED HEALTHCARE INC.**  
 3rd FLR. METROFOCUS BLDG., 42 TOMAS MORATO AVE.  
 Quezon City  
 Tel No: 243-7916

**Dear Sir / Madam;**

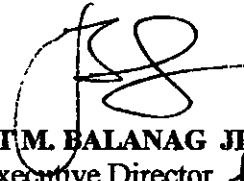
This is to inform you that as an **Exclusive Distributor**, we are directly contracting with you the **MEDICAL SUPPLIES FOR MEDICAL INTENSIVE CARE UNIT (MICU) USE** in the amount of **SIXTY TWO THOUSAND TWO HUNDRED FIFTY PESOS & 00/100 (62,250.00) only.**

<b>Unit</b>	<b>Description</b>	<b>Qty</b>	<b>Unit Cost</b>	<b>Amount</b>
PAIR	STANDARD CALF GARMENT UNIFORM	30	2,075.00	62,250.00
	***** NOTHING FOLLOWS *****			62,250.00
<b>TOTAL</b>				<b>62,250.00</b>

**TOTAL AMOUNT IN WORDS SIXTY TWO THOUSAND TWO HUNDRED FIFTY PESOS & 00/100 (62,250.00) only.**

The original NOA with signature on "Conforme" shall be returned within ten (10) working days upon receipt.

Very truly yours,



VINCENT M. BALANAG JR., MD  
Executive Director

Conforme:



DESHINE HAZEL L. CANDIO  
Printed Name and Signature of Representative  
Name of Bidder/Supplier

Date: 1/20/21 1:30 PM

**LUNG CENTER OF THE PHILIPPINES**  
Quezon Avenue Extension, Quezon City, Philippines 1100  
ISO 9001:2015 CERTIFIED

**NOTICE TO PROCEED**

January 21, 2021

**DYNAMED HEALTHCARE INC.**  
3rd FLR. METROFOCUS BLDG., 42 TOMAS MORATO AVE.  
Quezon City  
Tel No: 243-7916

**Dear Sir/ Madam:**

This is to inform you that **Purchase Order No. 23938 MEDICAL SUPPLIES FOR MEDICAL INTENSIVE CARE UNIT (MICU) USE** has been approved. You May now proceed with delivery of the item listed in the said Purchase order.


Delivery should be completed within **two to seven (2-7) days** from receipt of this notice.

Enclosed in the original Purchase Order for your ready reference in the execution of this transaction.

Very truly yours,

  
**VINCENT M. BALANAG JR., MD**  
Executive Director

CONFORME:  
Received Original

  
DESTINE CANDIATO  
Signature Over Printed Name  
Authorized Representative  
Date: 1/21/21